



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Memo

To: Bathing Beach Operator
From: Kylee Sullivan, Health Compliance Officer
Date: May 11, 2020
RE: Bathing Beach Permits / Inspections

The Health Department hopes that all bathing beach operators are staying well and healthy during the COVID-19 pandemic. As a result of the pandemic, the bathing beach permitting process is different this year compared to past years. The Health Department is waiting on guidance from the State about the opening of bathing beaches but we are reaching out to you with the assumption that bathing beaches will likely be permitted to open at some point this summer. We are asking that you complete the application and return it to our Office so that we have it on file and ready for when bathing beaches can open.

At this time we **DO NOT** want the permit fee submitted with the application. We will handle payment when we have more information and right before permits are issued.

Once we receive more guidance from the State we will contact you. Please consider how bathing beach operations may differ this year. Policies for fewer bathers, the use of social distancing and/or face coverings, increased sanitation measures, etc. may be necessary. Directives for such measures still need to be issued by the State.

The following must be submitted prior to the opening inspection:

- Application & Permit Fee (\$110.00) made payable to Town of Arlington.
- Bacterial testing results collected within 5 days immediately preceding the opening inspection.
- A copy of credentials for all lifeguards on duty.

Requirements & Revisions:

- The bathing beach operator who oversees the beach must be present during the opening inspection.
- Proper signage is required at all access points to the beach. The signage must provide information on the dates of operation and name of the beach operator. The signage must also state that the beach is not monitored for bacteria outside the dates of operation.
- Operators shall immediately and, in no event later than 12 hours after results are validated, report to the Board of Health the results of all testing, monitoring, and analysis of bathing water found to exceed the standards established in 105 CMR 445.030.
- Bacterial testing is required to reopen a beach only if there was a bacterial exceedance of bathing beach water quality standards.
- The opening inspection will be conducted in accordance with 105 CMR 445.000 *Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)*, therefore, all requirements outlined in the code must be in compliance.

Questions regarding this matter may be directed to this office at 781-316-3170.



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

2020 Application for Permit to Operate a Bathing Beach

Fee: \$110.00 (Payable to: Town of Arlington)

Beach Name: _____ **Water Body:** _____

Address / Location of Beach: _____

City / Town: _____ **On- site Telephone #:** _____

Beach Operator Name: _____ **Telephone #:** _____

Address: _____

Email Address: _____

Dates of Operation of the Beach: *From* _____ *to* _____
(Specific dates are required example: May 1st to September 1st)

Time & Day of the Week that Water Sample is collected: _____

Laboratory Performing Analysis: _____

Laboratory Telephone #: _____

Please circle the answer to the following questions:

Has the Beach Operator reviewed 105 CMR 445.000, <i>Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)</i> , amended September 18, 2009?	YES	NO
Will the Board of Health be notified within 5 days of the results of routine testing?	YES	NO
Will the Board of Health be notified immediately (within 12 hours) of any exceedance?	YES	NO
Will the Field Data Forms be completed in full for each sampling event?	YES	NO
Will the signage required by 105 CMR 445.020 be provided and maintained?	YES	NO
Will there be any lifeguards on duty? (If yes, provide current credentials for all.)	YES	NO

Signature of Applicant: _____ **Date:** _____

For Office Use Only

Approved/Denied (circle one) If denied, reason why: _____
Permit #: _____ Permit Start Date: _____ Permit Expiration Date: _____
Paid: _____ Staff: _____